

## ISSUE SLIP STAPLE AREA (for additionnal cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION			
O.I.P.E. CLASSIFIER			
FORMALITY REVIEW	H-S	102 866	8/27 09-31-01
RESPONSE FORMALITY REVIEW	T-A	111	1-11-2

## INDEX OF CLAIMS

✓ ..... Rejected  
 = ..... Allowed  
 - (Through numeral)... Canceled  
 ÷ ..... Restricted

N ..... Non-elected  
 I ..... Interference  
 A ..... Appeal  
 O ..... Objected

Claim	Date
Final	Original
0	8/27/01
1	✓
2	✓
3	✓
4	
5	✓
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8	✓
9	✓
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11	✓
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Claim	Date
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Claim	Date
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If more than 150 claims or 10 actions  
staple additional sheet here

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Tm  
9/21/01  
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